U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-39-2006

This report is mandatory under P.L. 86-257, as amenced. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 2/02 | 2. Fiscal Year Covered From: | | |
|--|--|--|--|
| | [] / [] / [2004] Through: [72] / 3/] / 2004 | | |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. | | |
| Name David Dyer | Name AFC-CTO | | |
| / | Labor Organization File Number 000-106 | | |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | | |
| Street 8405 Crossley Place | Street 815/6th Street NW | | |
| City Alexandria | city Washington | | |
| State \[\alpha \] ZIP Ccde + 4 \[22308 \] | State DC ZIP Code + 4 20006 | | |
| 5. Position in labor organization. Assistant to the Controller | | | |
| Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests | | | |
| (except as specified in the exclusions set forth in the instructions): | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | |
| Name | | | |
| Trade Name, if any: | | | |
| P.O. Box, Bldg., Room No., if any | | | |
| | 7.b. Amount. | | |
| Street | | | |
| City | | | |
| State ZIP Code + 4 | | | |
| The state of the s | | | |
| Signature | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | |
| Signed Dan Syc | on 8/15/05 (202)637-5/99 | | |
| | Date Telephone Number | | |

and the second

| Name of Person Filing | | File Number U- |
|---|---|---|
| B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or included the pour labor organization or with a trust in which your labor organization. | wise dealing with the busines vely seeking to represent, or firectly to, or otherwise | s |
| 8. Name and address of Business (including trade name, if any). Name Ama/ga.ma/ed Ban/ Trade Name, if any: P.O. Box, Bldg., Room No., if any Street /5 Union Square West City New York State Ny ZIP Code + 4 1/0003 | 9. Business deals with: a. Labor Organiza b. Trust c. Employer | ation |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.b. Approximate dollar val | neval banking Services in 2004. The amount of reflects the gross lealings between the malgamated in that year. The of such dealing. \$409,114 |
| | 12.b. Amount. | #46- |
| C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Rocm No., if any Street City State ZIP Ccde + 4 | er parts A and B above) or other thing of value. 14.a. Nature of payment. | |
| 13 h le the Rusiness on Employer are Consultant 2 | 14.b. Amount of payment. | |